

## ISSUE SLIP STAPLE AREA (For additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	S-Z		09-28-0)
O.I.P.E. CLASSIFIER			10-10-01
FORMALITY REVIEW	CV	503	10-24-0

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	5/4/02
Original	5/4/02
1	✓ ✓ ✓ ✓ ✓
2	✓ ✓ ✓ ✓ ✓
3	✓ ✓ ✓ ✓ ✓
4	✓ ✓ ✓ ✓ ✓
5	✓ ✓ ✓ ✓ ✓
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Claim	Date
Final	5/4/02
Original	5/4/02
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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